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ONTARIO

# PROVINCE OF ONTARIO

Commission and Committee of Enquiry

## THE MEDICAL SERVICES INSURANCE ENQUIRY

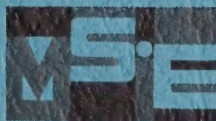
Proceedings of the Public Hearings held at the  
Council Chambers, City Hall, Windsor, Ontario,  
at 10:00 a.m. on Tuesday, December 3rd, 1963.

1964

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PROVINCE OF ONTARIO

MEDICAL SERVICES INSURANCE ENQUIRY

PROCEEDINGS OF THE PUBLIC  
HEARINGS HELD AT THE  
COUNCIL CHAMBERS, CITY HALL,  
WINDSOR, ONTARIO, AT 10:00  
A.M. ON TUESDAY, DECEMBER  
3RD, 1963.

MEMBERS OF ENQUIRY:

Dr. J. GERALD HAGEY -- Chairman

Mrs. J.A. AYLEN

Dr. WILLIAM BUTT

Miss HELEN CARPENTER

Mr. DALTON J. CASWELL

Mr. A. ROY COULTER

Dr. R.J. GALLOWAY

Dr. JOHN HAMILTON

Mr. W.S. MAJOR

Miss HELEN McARTHUR

Mr. P.J. MULROONEY

Mr. CARMAN A. NAYLOR

Mr. HARRY SIMON

Mr. J.L. WHITNEY

Mr. L.E. TURNER -- Secretary





PROVINCE OF ONTARIO

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Dr. WILLIAM BUTT  
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Mr. P.J. MURCONNEY  
Mr. CARMAN A. NAYLOR  
Mr. HARRY SIMON  
Mr. J.D. WHITNEY  
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VERBATIM REPORTING  
SERVICE  
TORONTO, ONTARIO

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1 On commencing at 10:00 a.m.

2 INDEX OF SUBMISSIONS

3 SUBMISSION OF PRESCRIPTION SERVICES INCORPORATED Page No.

4 PRESCRIPTION SERVICES INCORPORATED 2

5 Appearances: William Arthur Wilkinson  
6 R.R. Walker, Q.C.

7 Enquiry have received and studied the brief which you have

8 THE ESSEX COUNTY CHIROPRACTIC COUNCIL 23

9 Appearance: Oswald Dunn, D.C., C.D. will not be necessary  
10 for you to read your brief, but you do have an opportunity

11 THE WINDSOR CHAMBER OF COMMERCE 50

12 Appearance: Charles V. Gordon

13 Members of the Enquiry may ask you questions  
14 on the statements or recommendations submitted in your brief,  
15 but you are not to be subjected to examination or cross-  
16 examination by other persons.

17 It is not our intention to debate your sugges-  
18 tions or recommendations, nor to argue the merits of your  
19 Enquiry on them. Consequently, the questions asked or  
20 questions asked or statements made by members of the Enquiry  
21 are intended for clarification only.

22 As stated in the Introduction, your person is  
23 to act as your spokesman. However, if the spokesman feels  
24 that another member is better qualified to answer a specific

25 question from a member of the Enquiry, the spokesman may





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20

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2 answer.

3 SUBMISSION OF PRESCRIPTION SERVICES INCORPORATED

4 Appearances: William Arthur Wilkinson  
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6 THE CHAIRMAN: Gentlemen, the members of the  
7 Enquiry have received and studied the brief which you have  
8 submitted. In accordance with the guide for participation  
9 in hearings that was mailed to you, it will not be necessary  
10 for you to read your brief, but you do have an opportunity  
11 to emphasize or enlarge upon its conclusions or recommenda-  
12 tions.

13 MR. WILKINSON: Mr. Chairman, members of the  
14 Commission: I am the President of Prescription Services  
15 Incorporated, which operates a non-profit organization, without  
16 share capital. It is called the Prescription Services  
17 Plan.

18 It is not our intention to debate your sugges-  
19 tions or recommendations, nor to state the views of this  
20 Enquiry on them. Consequently, any opinions expressed in  
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1 receive the Chair's permission to request the other member to  
2 answer. this subject is brought up, when the profession of  
3 pharmacy become Which one of you gentlemen will be the spokes-  
4 man? pharmaceuticals

5 MR. WILKINSON: I will be the spokesman. the only

6 plan of prepay THE CHAIRMAN: What is your name, please?

7 which the publi MR. WILKINSON: William Arthur Wilkinson. deals

8 in a medical p THE CHAIRMAN: If you have a copy of your  
9 brief with you, the press would appreciate receiving a copy,  
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11 to look into p Now, Mr. Wilkinson, are you ready to proceed?

12 to the general MR. WILKINSON: Mr. Chairman, members of the  
13 Commission: I am the President of Prescription Services submit  
14 Incorporated, which operates a non-profit organization, without  
15 share capital. It is called the Green Shield Prescription  
16 Plan. The other point was to emphasize, if we can,

17 the difference This plan is designed to set up the mechanism  
18 to prepay prescribed pharmaceuticals. Our entire purpose in  
19 being before this Commission and making this presentation is  
20 to emphasize what we believe to be the fact that the Dominion  
21 Government is very heavily involved in the purchase and  
22 distribution of pharmaceuticals; the Provincial Government  
23 is very heavily involved in the purchase and distribution of  
24 pharmaceuticals; and that it is highly likely that in any  
25 medical service plan we will not be able to talk for very many



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24 pharmaceuticals; and that it is highly likely that in any

25 medical service plan we will not be able to talk for very many





1 minutes until we have brought in the subject of pharmaceuticals,  
2 and if this subject is brought up, then the profession of  
3 pharmacy becomes very interested in the method of distribution  
4 of pharmaceuticals.

5 Prescription Services Incorporated, as the only  
6 plan of prepayment, becomes very interested in the manner in  
7 which the public are permitted to prepay their pharmaceuticals  
8 in a medical plan.

9 So, we have limited our remarks to two phases  
10 of this subject. One of them is that this Commission may care  
11 to look into pharmaceuticals, their distribution and supply  
12 to the general public under a health care plan, and if so,  
13 we would then ask the permission of this Commission to submit  
14 a detailed brief on the matter, in which our corporation  
15 believes that pharmaceuticals could be included in a plan.

16 The other point was to emphasize, if we can,  
17 the difference between the type of prepayment which is preva-  
18 lent today, as exemplified by P.S.I. or W.M.S. first-dollar  
19 coverage on a prepaid basis, as opposed to a reimbursement  
20 insurance, where the insurance carriers reimburse the indivi-  
21 dual on a personal reimbursement claim.

22 It appears to us that Bill 163 seems to try to  
23 effect a marriage between these two types of coverage, and it  
24 has been widely suggested to us over the seven or eight  
25 years of our operation that perhaps pharmaceuticals could be



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1 included in a medical care plan.

2 We would like to point out that if this subject  
3 is raised, that it might present some very sizeable difficul-  
4 ties, in that in dealing with the medical care by the physi-  
5 cian, Bill 163 envisages the carrier dealing with the doctor,  
6 and all of his claims, but if pharmaceuticals were to be  
7 included with the high deductible portions that are presently  
8 in vogue with major medical and other plans, it would mean  
9 that the carriers would be forced to deal, then, with indivi-  
10 duals on each pharmaceutical claim.

11 I think these are the two points, Mr. Chairman,  
12 that we would like to make, and we do not feel, in fact we  
13 are very aware that pharmaceuticals in the Schedule are not  
14 included, but we would like, again, to emphasize that we do  
15 not think that medical care can be discussed for very long at  
16 any level without pharmaceuticals, and that if this is the  
17 case we would like, then, to submit a detailed brief.

18 Thank you.

19 THE CHAIRMAN: Thank you, Mr. Wilkinson. Some  
20 of the members of the Enquiry have indicated the desire to  
21 ask you some questions.

22 Dr. Butt?

23 DR. BUTT: Well, I guess the first question we  
24 would like to ask you would be, I believe you have other infor-  
25 mation which might be pertinent, and useful to the Enquiry,



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of the members of the Endury have indicated the desire to ask you some questions.

DR. BUTT: Well, I guess the first question we would like to ask you would be, I believe you have other information which might be pertinent, and useful to the Endury.





1 and I think in a broad statement we would be interested in  
2 having all the information that you could detail to us.

3 Is this possible, that you could do this?

4 MR. WILKINSON: Yes. Well, Dr. Butt, are you  
5 speaking now of the actuarial and the statistical information  
6 which Prescription Services has been able to accumulate over  
7 the years?

8 DR. BUTT: Yes. We would be interested to  
9 know the groups covered,  
10 the actual administrative detail, and possibly the price per  
11 month of each individual subscriber, what he is paying, and  
12 so on.

13 MR. WILKINSON: Yes. This information can be  
14 made available to this Commission. I would have to get it  
15 out for you.

16 However, from the inception of this plan, we  
17 have had a working arrangement with the School of Public  
18 Health, Economics, at the University of Michigan, who are  
19 doing a continuing study on the Green Shield Plan. Of course,  
20 whatever they publish automatically becomes in the public  
21 domain, and I understand from Dr. Darsky that they are very  
22 close to another report, and we are waiting very anxiously to  
23 get it ourselves.

24 When this is available we will be glad to make  
25 this available to the Commission.

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MR. WILKINSON: Yes. Well, Dr. Butts, are you speaking now of the actuarial and the statistical information which Prescription Services has been able to accumulate over the years?

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When this is available we will be glad to make this available to the Commission.





1 MR. NAYLOR: Mr. Wilkinson, we appreciate the  
2 unique experience you have had in this relatively new field,  
3 and I would like to ask if you feel that the charge of 35  
4 cents per prescription, which might be called a small deduc-  
5 tible, is effective in controlling excessive use of your plan?

6 MR. WILKINSON: The 35 cents direct payment --  
7 we dislike this word "deductible" -- this direct payment of  
8 35 cents was not designed to control an abuse of the plan.  
9 This amount was placed on each prescription in order to  
10 discourage the patient from pressuring the physician into  
11 prescribing household medicines, which normally could be  
12 bought for 35 cents or less, but which, if they were pres-  
13 cribed by a physician, would come under the definition of a  
14 prescription in accordance with the Pharmacy Act and the Food &  
15 Drug Administration Act. These items, such as Epsom Salts, tincture of  
16 iodine, boracic acid, and this type of thing which normally  
17 would be bought for 35 cents or less, could conceivably be  
18 a written-off prescription, signed by a doctor under pressure,  
19 and the patient could go out with a number of these prescrip-  
20 tions.

21 This is the reason for the 35 cents, and to  
22 answer your specific question, it has worked perfectly. There  
23 is no problem.

24 However, it does not serve as a deterrent to  
25 the saleability of the plan, and yet it fulfils its original



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1 function.

2 MR. NAYLOR: I think the other questions I had  
3 in mind would be answered by the detailed information we will  
4 receive later, probably. There is just one question I might  
5 ask. I don't know whether you sell your plan to individuals  
6 as well as to groups, and I was interested in knowing if you  
7 feel that it is practicable to offer this plan to individuals,  
8 as well as to groups of employees.

9 MR. WILKINSON: We could find no way, at the  
10 present time, of arriving at any reasonable premium if it is  
11 open to individuals. It must be group enrolment, and until  
12 such time as a geographic area, perhaps, becomes -- there is  
13 a precedent for this. W.M.S. for many years was a group  
14 participation, but when W.M.S. succeeded in having something  
15 in the order of 80% of the County of Essex covered, then they  
16 opened it to individuals, assuming that Essex County, as a  
17 geographic area, then, was a group 70 or 80 per cent, or more,  
18 of which was covered.

19 MR. SIMON: Five thousand subscribers and 1,100  
20 member pharmacies. Would you tell us where these subscribers  
21 and pharmacies are? Are they pinpoints all over the map?

22 MR. WILKINSON: The plan originated in Windsor,  
23 and so the first subscribers came from the Windsor area. In  
24 order to have satisfied subscribers, one must have pharmacists  
25 who are willing to provide the service. After the initial



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1 period of pilot study of the plan, and when we felt that the  
2 actuarial and statistical data was sufficient that we could  
3 then expand, it became apparent that with industry-wide  
4 bargaining, that if the plan was to succeed, it could not  
5 stay within the confines of one or two counties, and so we  
6 revised our policy to spread across Ontario.

7 Now, here again, the same problem exists.

8 In order to have satisfied subscribers, you must have satis-  
9 fied suppliers. You have a hen and an egg situation. It  
10 seemed to us that the first thing to do was to go and get a  
11 pharmacy that would supply the services, so that we could  
12 assure it to the subscriber. This is the reason for the 1,100.  
13 They are now in some 260 municipalities. Some of them have  
14 never filled a prescription under this plan, but they are  
15 ready, under contract, and available.

16 In the last six months we have doubled the  
17 plan in subscribers, and we would hope in the next six months  
18 to double it again. This, I don't think, is over-optimistic.

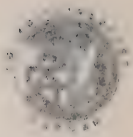
19 In other words, we now have the ground work  
20 laid. We have the willing suppliers in the municipalities.  
21 Now we can concentrate on subscribers.

22 MR. WHITNEY: You say 260 municipalities?

23 MR. WILKINSON: Yes, sir.

24 MR. WHITNEY: Is that just in Ontario?

25 MR. WILKINSON: In Ontario. We confined our



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MR. WILKINSON: In Ontario. We confined our





1 operations entirely to Ontario.

2 MR. WHITNEY: That pretty well covers them all,  
3 doesn't it?

4 MR. WILKINSON: Oh, no, sir. There are a lot  
5 of dots on the map besides those.

6 MR. WHITNEY: I know there are around 40 cities.

7 MR. WILKINSON: It certainly covers all the  
8 major areas.

9 MR. SIMON: You state that it is necessary for  
10 separate carriers for medical care and prescription plans.

11 Now, assuming there was a comprehensive medical  
12 plan in Ontario, would you suggest that we Balkanize, or  
13 divide the carriers for physicians' services, prescription  
14 services, nurses' services, ambulance services, and so on?  
15 Would we have to have separate carriers for each and every  
16 one of these services?

17 MR. WILKINSON: I'm not sure that I'm competent  
18 to answer that question.

19 It does seem to me, however, that the health  
20 team, if you like to put it that way, is essentially hospitals,  
21 physicians and pharmacists, and we have here a three-legged  
22 stool. We also have other ancillary services, and the nurses  
23 are a large segment of this as well, but I would think that  
24 it would be essential that you have at least three separate  
25 plans, which would include these three legs of the stool.



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1 I am not at all sure how in the world you can  
2 have a comprehensive coverage which would be governed by a  
3 Commission, governing individual carriers, who would collect  
4 group premiums of three different, or four or five different  
5 services, and then attempt to allocate the funds separately.  
6 I don't understand how in the world a bookkeeping system  
7 would ever determine which plan was subsidizing which, and  
8 what the cost of any individual one was.

9 But this is a personal view. This would make  
10 relating the benefits to the premiums almost impossible. So  
11 I would think that if we are going to keep this within the  
12 framework of free enterprise, which I am sure we all hope can  
13 be done, I think there has to be at least three plans.

14 THE CHAIRMAN: Mr. Major?

15 MR. MAJOR: Well, Mr. Wilkinson, I think that  
16 Prescription Services is to be congratulated for being daring  
17 enough to get into a field that is uncharted, and I think that  
18 it is of great help to many of the citizens who have it.

19 I'm interested in some of the details. For  
20 instance, have you any idea of what the average cost of a  
21 prescription is?

22 MR. WILKINSON: Oh, yes, sir. We can tell you  
23 exactly.

24 MR. MAJOR: What is it, sir?

25 MR. WILKINSON: The average cost of a

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would ever determine which plan was subsidizing which, and

what the cost of any individual one was.

But this is a personal view. This would make

relating the benefits to the premiums almost impossible. So

I would think that if we are going to keep this within the

framework of free enterprise, which I am sure we all hope can

be done, I think there has to be at least three plans.

THE CHAIRMAN: Mr. Major?

MR. MAJOR: Well, Mr. Wilkinson, I think that

Prescription Services is to be congratulated for being daring

enough to get into a field that is uncharted, and I think that

it is of great help to many of the citizens who have it.

I'm interested in some of the details. For

instance, have you any idea of what the average cost of a

prescription is?

MR. WILKINSON: Oh, yes, sir. We can tell you

exactly.

MR. MAJOR: What is it, sir?

MR. WILKINSON: The average cost of a



1 prescription among standard employable people on the Green  
2 Shield Plan is about \$4.51. The overall Canadian average is  
3 vastly different from this; about \$3.24.

4           The difference is between the availability --  
5 put it the other way -- once you remove the price barrier  
6 you find a great difference in both utilization of medication  
7 and in the cost of an individual, or an average prescription,  
8 if there is such a thing as an average prescription.

9           MR. MAJOR: Thank you. I was very pleased to  
10 hear you reconcile the 35 cents with your first-dollar coverage  
11 idea.

12           On the other hand, if a doctor should write a  
13 prescription for Epsom Salts, but under its generic name, if  
14 that is the right term, the pharmacist would still fill that  
15 prescription.

16           MR. WILKINSON: This is true, sir.

17           MR. MAJOR: Now, the price, of course, wouldn't  
18 be 35 cents. There would be a professional prescription fee  
19 on top of the cost of the material; is that right?

20           MR. WILKINSON: Well, the individual pharmacist  
21 would have to figure out what his overhead was in dispensing  
22 and tabulating, writing a label, and all the laws he has to  
23 comply with.

24           MR. MAJOR: This 35 cents, then, has no  
25 influence on the doctor, if the doctor feels that he wants to





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1 prescribe a placebo, sugar, and it has to be unknown to the  
2 patient that this is what he is doing, so that the pharmacist  
3 would fill that prescription?

4 MR. WILKINSON: Yes, sir. That is a prescrip-  
5 tion by definition under The Pharmacy Act and The Food and  
6 Drug Administration Act.

3 7 MR. MAJOR: Supposing that the doctor writes  
8 a prescription, and there is a method, some kind of a coding  
9 method, whereby the pharmacist is legally privileged to  
10 repeat that prescription, without getting further instruc-  
11 tions from the doctor, does this 35 cents apply to the  
12 repeats?

13 MR. WILKINSON: Yes, sir. It applies to every  
14 prescription, new, repeat, and not just to the sheet of paper  
15 where three prescriptions may be written, but to each pres-  
16 cription.

17 MR. MAJOR: That is, to each individual item  
18 of a prescription, if there were three items of prescribing  
19 taking place?

20 MR. WILKINSON: I want to make sure that my  
21 answer is clear in this, that quite frequently a physician  
22 will write one prescription, say, for cough medicine, on one  
23 single sheet of paper. He may also write four prescriptions  
24 on the same sheet of paper: one for an antibiotic; one for a  
25 cough medicine; one for a chest drug, and in each case they



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1 are signed. This is three prescriptions, by definition.

2 MR. MAJOR: That's the way I understand it.

3 Thank you. Then this 35 cents, really, has no particular  
4 influence, as you say, it has no particular influence on  
5 the physician; it has no deterrent quality; and really, as  
6 I see it, it has no particular relevancy to whether or not  
7 a doctor will write a prescription. This is up to him, in  
8 his professional approach to the patient?

9 MR. WILKINSON: Exactly so, sir. Most of the  
10 physicians aren't aware that their patients belong to the  
11 Green Shield Plan, and it isn't even necessary for them to  
12 become aware, because it doesn't impinge itself in any way  
13 on the medical society, the medical profession, or the prac-  
14 tice of medicine.

15 It is simply a mechanism whereby the patients  
16 may derive their prescriptions on the shared risk plan. We  
17 spread the cost of the prescription over time, and over the  
18 population.

19 MR. MAJOR: Thank you, sir. You say you have  
20 contracts with pharmacies. Do you understand my terminology  
21 when I ask you is this contract an underwriting contract?  
22 If, by any chance, Prescription Services should get into  
23 financial difficulty, if there should be some kind of an  
24 epidemic take place, can you, through your contract, govern  
25 the amount of money that you are going to pay to the pharmacy?



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1 MR. WILKINSON: Yes. This is one of the main  
2 paragraphs in our pharmacy agreement, and that is that the  
3 member pharmacy accept as payment in full the schedule of  
4 fees which we use, and for any pro-rating thereof as deter-  
5 mined by the Board of Directors.

6 You could conceivably be pro-rated 99% of your  
7 bill in the event of a national emergency.

8 MR. MAJOR: I understand. Thank you. Now,  
9 you have mentioned on page 1 that you will cover the prescrip-  
10 tions by lawfully qualified medical practitioners and dentists.

11 Are there any other people, professional, para-  
12 medical people, who are allowed legally to write a prescrip-  
13 tion?

14 MR. WILKINSON: Veterinarians, dentists and  
15 physicians are the only people who may write prescriptions  
16 in accordance with both The Medical Act and The Pharmacy Act.

17 We do, however, have a problem of physicians  
18 of another country, and I presume you were wondering why we  
19 use this phrase, "legally qualified," as though there were no --

20 MR. MAJOR: Well, maybe I should be more  
21 specific, Mr. Wilkinson, and I say that I am not knowledgeable  
22 of this, but do osteopaths, podiatrists, chiropodists, do any  
23 other profession, or para-profession working ancillary in the  
24 health field to the medical profession, have the legal privi-  
25 lege of writing a prescription?





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lege of writing a prescription?



1 MR. WILKINSON: Yes. The podiatrists operate  
2 under The Podiatry Act, and they may write prescriptions.  
3 This is getting into a touchy subject. They may write pres-  
4 criptions, except for controlled or narcotic drugs, but I  
5 don't believe that that is relevant to our appearance here.

6 We are limited, and I think what you are after  
7 is that why did we limit it to physicians and dentists.

8 MR. MAJOR: No; why didn't you include anyone  
9 else in your area who had the legal right to write a pres-  
10 cription? Why would you eliminate anyone else if you were  
11 running a prescription service?

12 MR. WILKINSON: Because they are not included  
13 at the moment. If they are dealing with the health of the  
14 human body it doesn't mean that they will be eventually  
15 included.

16 In setting up any plan of this nature, it  
17 can't spring full-grown from somewhere, and we believe that  
18 this is an area in which we can extend.

19 If I might just elaborate a little bit. When  
20 we began, for the first two years we only allowed prescrip-  
21 tions of physicians, and then, as information became available,  
22 and a study was made of the prescribing habits of dentists,  
23 we found that we could cover dentists without any change in  
24 premium.

25 We would hope that we would be able to include



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1 all of those, as you say, para-medical people, who are  
2 entitled by law to write prescriptions to treat the human  
3 body.

4 MR. MAJOR: You mentioned the controlled drugs.  
5 That's under a schedule, and there is a lot of drugs that are  
6 prescribed that do not have to be prescribed to be purchased;  
7 is that right?

8 MR. WILKINSON: That is so. Many, many drugs  
9 are the armamentarium of the physician. They aren't  
10 generally advertised, and aren't generally known. They are  
11 only used under prescription, but they aren't on any schedule,  
12 and they aren't restricted by law.

13 MR. MAJOR: I presume, Mr. Wilkinson, that a  
14 great many of these points would be covered in your enlarged  
15 brief, as well as the statistics, and so on?

16 Would your enlarged brief contain a copy of  
17 your contract with the pharmacies?

18 MR. WILKINSON: Yes; we appeared before the  
19 Select Committee of the Ontario Legislature, and provided them  
20 with this. We appeared before the Royal Commission on Health  
21 Services, and supplied them with a great deal of information,  
22 much of it on a confidential basis, much of it has not been  
23 published yet, for obvious reasons. It is statistical, and  
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2 that we would be very interested in the drug situation as  
3 time goes on, and you agree with the building blocks, the  
4 same as everyone else. I think you agree we have to have a  
5 launching pad somewhere?

6 MR. WILKINSON: We would be very glad to make  
7 available all the information that this Commission thinks  
8 would be useful.

9 DR. BUTT: I think it has been an excellent  
10 brief, and we look forward to the further details.

11 This 35 cents - is this paid by the individual  
12 to his druggist, or pharmacist, or is it paid back to the  
13 Green Shield Plan, or what is the arrangement on that specific  
14 portion of it?

15 MR. WILKINSON: The 35 cents is paid by the  
16 patient to the pharmacist, who accepts that as his receipt.  
17 Now, we make an adjustment on this when we pay him on the  
18 number of prescriptions that he has filled. We make another  
19 adjustment with him, and we deduct our overhead from his bill,  
20 and also we make an adjustment of 35 cents, so that the pharma-  
21 cist actually winds up by receiving 90% of our schedule of  
22 fees.

23 It gets complicated, but that is the way it  
24 winds up, sir.

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1 the onus is upon him to pay the first 35 cents, on receiving  
2 the prescription?

3 MR. WILKINSON: Yes.

4 4 DR. BUTT: The second thing is that the pharma-  
5 cist does a great deal of your business. Is there any  
6 difference in the amount that he would be receiving, whether  
7 he just got one prescription in the year? In other words,  
8 is there a volume for druggists who are participating more  
9 highly, or is the rate exactly the same? It is a fee for an  
10 individual prescription?

11 MR. WILKINSON: That is so. It is the same  
12 for every pharmacist, whether he fills a hundred prescriptions  
13 or one prescription.

14 MR. WHITNEY: What premium do you charge?

15 MR. WILKINSON: The individual premium for a  
16 single adult is \$1.90 per month; the spouse is \$1.90 per  
17 month; any dependent adult that qualifies as a dependent  
18 adult in accordance with our service contract is \$1.90 a  
19 month; children are 65 cents per month up to and including  
20 the third child; any additional children are carried in the  
21 plan at no charge.

22 This means that your minimum adult premium  
23 is \$1.90, and your maximum premium, for any sized family,  
24 is \$5.75.

25 MRS. AYLEN: Does your plan cover families with



the prescription?

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1 cystic fibrosis patients?

2 MR. WILKINSON: There is no limitation in  
3 this area.

4 MR. SIMON: Mr. Wilkinson, to what do you  
5 attribute the high cost of drugs in Canada?

6 I have some figures here before me, prepared  
7 by the Department of National Health and Welfare in Ottawa,  
8 which show that the cost of drugs per capita in Canada has  
9 gone up more than 100% in the past eight years.

10 THE CHAIRMAN: Mr. Simon, do you really think  
11 that question is pertinent?

12 MR. SIMON: It may not be pertinent to the  
13 brief, Mr. Chairman, but it's a general question I would  
14 like to get some idea from some experts on.

15 MR. WILKINSON: There is, I think, 14,000 pages  
16 of testimony on the Rowntree Commission; that is the Select  
17 Committee, and the report has been published. I have a copy,  
18 sir. If you would like it I would be glad to mail you one.

19 They can't find out what the trouble is, if  
20 there is any trouble. Your question assumes that there is a  
21 high cost of drugs, and even this is debatable.

22 THE CHAIRMAN: Do you have any further state-  
23 ments, Mr. Wilkinson?

24 DR. GALLOWAY: I would like to ask one question.  
25 Because of the fact Mr. Wilkinson said there were no



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1 restrictions, and Mrs. Aylen has brought forward a situation  
2 that would be catastrophic to your plan. This particular  
3 disease requires thousands of dollars worth of drugs to keep  
4 these people alive.

5 Is there any loophole for you to restrict such  
6 people?

7 MR. WILKINSON: We have not had any problem  
8 with cystic fibrosis as far as the plan has progressed to  
9 date. We don't accept responsibility for the payment for  
10 pharmaceuticals for any person for whom the responsibility  
11 has already been accepted, which would be such organizations  
12 as the Provincial Government, or Workmen's Compensation, or  
13 any of these, and I presume these high-cost cystic fibrosis,  
14 by the time they've got to this high cost, that they are now  
15 the charge of some other agency.

16 DR. BUTT: Mr. Wilkinson, without pursuing it  
17 too far, do you feel if you were in the personal subscription  
18 -- in other words, individuals could buy your service, which  
19 is not the case at the moment, I understand, that this type  
20 of situation would develop? In other words, people who have  
21 a certain disease, which is known to them, would then become  
22 a great number of people on your register, rather than the  
23 total, or the cross-section of the population, or a cross-  
24 section of a relatively healthy group?

25 MR. WILKINSON: This is very true. Either you





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1 operate a group plan, or you operate an individual plan.

2 I dare say that, from the volume of mail that  
3 we have from all over this province, that if we were to make  
4 one single announcement, on one single radio station, that we  
5 were able to take individual families, that we would have the  
6 people lining up in front of our office tomorrow morning, nine  
7 abreast and nine miles long, at least, and every person would  
8 be sick, and every person would be using medication in excess  
9 of their \$1.90 per person per month, and those people and  
10 organizations who believe that they can operate within the  
11 free enterprise system a plan for prepaid pharmaceuticals  
12 without deductibles on an individual basis, are just not  
13 aware of some of the hard facts of life.

14 DR. BUTT: Thank you. I think you have brought  
15 my point out.

16 MR. MAJOR: In your group plan, if a man leaves  
17 his group, can he take your plan with him?

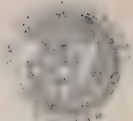
18 MR. WILKINSON: Yes, he may apply within 30  
19 days to go on a pay-direct basis.

20 MR. MAJOR: It is portable, fully portable?

21 MR. WILKINSON: And he is billed separately,  
22 as an individual.

23 MR. MAJOR: Does the rate go up?

24 MR. WILKINSON: The rate rises 10 cents per  
25 person per month, which covers the cost of mailing.



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1 MR. MAJOR: And there are no exclusions, or  
2 restrictions to this individual agreement?

3 MR. WILKINSON: None. In answer to the  
4 Chairman's question, if at a later date we offer an extended  
5 brief, would we have the opportunity of appearing and  
6 explaining it?

7 THE CHAIRMAN: That would depend upon three  
8 things: one, your desire to do so; two, our desire to hear  
9 you, and, three, the ability of the Enquiry itself to invite  
10 you again.

11 MR. WILKINSON: Thank you.

12 THE CHAIRMAN: If you have nothing further,  
13 then, gentlemen, we appreciate your coming here. Thank you  
14 very much.

15  
16 SUBMISSION OF THE ESSEX COUNTY

17 CHIROPRACTIC COUNCIL

18 Appearance: Oswald Dunn, D.C., C.D.

19 THE CHAIRMAN: Are you alone, sir?

20 MR. DUNN: Yes.

21 THE CHAIRMAN: Were you here when I read the  
22 general instructions previously?

23 MR. DUNN: Yes.

24 THE CHAIRMAN: Would you mind identifying  
25 yourself?



MR. MAJOR: And there are no exclusions, or

restrictions to this individual agreement?

MR. WILKINSON: None. In answer to the

Chairman's question, if at a later date we offer an extended

brief, would we have the opportunity of appearing and

explaining it?

THE CHAIRMAN: That would depend upon three

things: one, your desire to do so; two, our desire to hear

you, and, three, the ability of the Executive itself to invite

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THE CHAIRMAN: If you have nothing further,

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## CHIROPRACTIC COUNCIL

THE CHAIRMAN: Are you alone, sir?

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report, and did you have any comments?

MR. DUNN: Yes.

THE CHAIRMAN: Would you mind identifying

yourself?



1 MR. DUNN: I am Oswald Dunn. I am a practising  
2 chiropractor in the City of Windsor for about 12 years. I  
3 am representing the chiropractic profession of this county.

4 THE CHAIRMAN: Thank you.

5 MR. DUNN: Briefly, the intention to appear  
6 here today was not to present a brief on behalf of the chiro-  
7 practic profession. That will be done at the Toronto hearings  
8 by the main body of the profession. But in Essex County we  
9 have the unique experience of having Windsor Medical Services  
10 plan operating, perhaps the finest plan of its type in North  
11 America, unquestionably providing a level of services to the  
12 public which makes a dramatic impact on public health.  
13 Nevertheless, I feel that the situation, as I have seen it in  
14 the 12 years I have been here, warrants me introducing a few  
15 remarks today to vindicate the position of the chiropractor,  
16 in both the services to the community and the fact that he  
17 actually can exist in the face of such a tremendous medical  
18 plan.

19 I do not intend to deal with the brief exten-  
20 sively. If I may offer a few points on this unique feature  
21 of the dual professional existence here, I would like to  
22 support this with a few remarks.

23 I say in the brief, starting at seven, that  
24 the prepaid plan here is evidence of the tremendous public  
25 acceptance of the principle of tremendous enrolment and a very





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1 high standard of services. However, in this regard it must  
2 be borne in mind in this area that the union-management  
3 contracts have been negotiated with health services in view  
4 and the health service that has been paid for as fringe bene-  
5 fits by management is, in part at least, responsible for the  
6 wide area of usage of the Windsor Medical Services.

7 Union officers I have discussed this with from  
8 time to time, as I see them on chiropractic problems, have  
9 indicated to me that the schedule is excellent; still, they  
10 are not entirely satisfied, but they also say that they cannot  
11 do better at the moment. So they are, naturally, quite happy  
12 with the arrangement they have. Generally speaking, the union  
13 picture, as I see it, talking to men, such as the Secretary  
14 of the District Councils, which cover large areas of Toronto,  
15 will support this picture as I have outlined it. The Windsor  
16 Medical Services is exclusively medical and the services of  
17 a chiropractor are not permissive. We usually refer patients  
18 who are paying cash there. Although outside of this area a  
19 chiropractor may be obtained from most of the health insuring  
20 companies.

21 I think Travelers' and Aetna are the two  
22 largest insurance groups on the continent for chiropractic  
23 and in this area they take care of the rest of the cases  
24 under the Workmen's Compensation Act. The Teamsters, hauling  
25 their vehicles out of here, have chiropractic insurance; the



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1 service stations have, too, and automobile accidents are  
2 covered. So that while our patients are covered under these  
3 few insurance policies, most of them are employing our  
4 services on a cash basis. But, generally speaking, when we  
5 see a patient in this area, a new patient, we are invariably  
6 asked for a bill, so that the people may bill Windsor Medical  
7 and this, I understand, over the years, has proved quite  
8 embarrassing to Windsor Medical, to be constantly billed for  
9 some service not in the contract. But people just consider  
10 this is a health plan, not a medical policy.

11 We of the Council have tried to discourage  
12 this. We have pointed out that this was embarrassing to  
13 Windsor Medical and they finally produced a sub-section K in  
14 the contract which outlined the exemptions, which are chiro-  
15 practic, optometry and dentistry, et cetera. While that takes  
16 a little load off Windsor Medical, it does not satisfy the  
17 subscriber, if he feels that he has paid for health care and  
18 he is not getting free choice of the service that he requires.

19 I have said that we are very concerned about  
20 the people that we do not see, who are obviously in need of  
21 care and, as a result, become out of work or, while not  
22 unemployable, certainly lose a lot of time off work. We see  
23 a lot of cases - possibly arthritics is a good example -  
24 people where well-established cases of arthritis, which could,  
25 in the main, have been aborted, or certainly reduced in its

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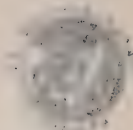


1 rapid advance, if we had been able to service them at a much  
2 earlier age. But we have come to the conclusion that basically  
3 it is a question that either they do not want to see a doctor  
4 at all or they do not come early enough because of the economics  
5 of the problem.

6                   Chiropractic has existed here since 1912. The  
7 first chiropractor in Canada was in this area in 1911, and he  
8 did not practise here. The first practising chiropractor here  
9 was in 1912 and they have practised here continuously since.  
10 The profession in that time has developed and many of the  
11 theories that were very questionable at that time have now  
12 been validated by science. Today the chiropractor is, in  
13 the main, in this area, a graduate of a four-year medical-type  
14 course. Many in that group have been practising here for up  
15 to 30 years. I have gone on in the latter part of the brief  
16 to point out that we apply a rather specialized approach and  
17 I have said that we are not duplicating a service of medicine;  
18 conversely, neither do the doctors of medicine duplicate the  
19 service that we provide.

20                   The conventional training and education given  
21 a doctor of medicine, on the present curriculum at universi-  
22 ties, does not comprehend the type of approach that we are  
23 using and I do not think that the teaching medical hospitals  
24 incorporate the manipulative approach that we are using.  
25 Certainly, none of the general practitioners that I know, or





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1 from reading, I feel have the time to spend studying chiro-  
2 practic and statistics show that fewer medical students are  
3 entering college than are required to take up the burden of  
4 the population and their future medical requirements.

5 So it seems that since the specialty of chiro-  
6 practic is not covered by medical doctors and it is not  
7 likely to be, that we are going to continue as a profession  
8 in this area, doing our work.

9 Generally speaking, chiropractic has been  
10 carefully defined as not encroaching into medicine. We find  
11 that at our upper level our cases do slightly encroach into  
2 12 the orthopaedic specialist field, but by and large this is  
13 an area where we enjoy most of the Compensation Board practice,  
14 where we normally refer to the orthopaedic surgeon, when the  
15 case does not come along well under our management.

16 At the lower limit, we are more infringed on  
17 by the physiotherapist; however, he is acting on prescription  
18 from the medical doctor and our scope, then, is in between  
19 those two groups. So, patients coming to us from medicine  
20 are not receiving a duplicate form of treatment or a repeti-  
21 tious form of treatment. This situation was also established  
22 in Australia, where the Royal Commission very carefully went  
23 into the possibility of duplication of services and they found  
24 pretty much the same situation.

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1 Australia found it primarily where we fitted into the health  
2 picture.

3                   That pretty well sums up the remarks I wished  
4 to make. I had tried here to point out the tremendous public  
5 endorsement, and I think there are 250,000 people in this  
6 area enjoying a prepaid medical plan; therefore, there is no  
7 question of doubt that the people in this area are thoroughly  
8 satisfied with the principle of spreading the premiums over  
9 the entire population to get a high standard schedule of  
10 services.

11                   Nonetheless, I think that the union situation  
12 and the fact that the people persistently want to bill Windsor  
13 Medical for chiropractic services, is some fair indication of  
14 the public's desire to have a standard schedule somewhat  
15 broader than it is. Certainly, the fact that the patients  
16 here in this area have the choice of 500 medical doctors,  
17 and many fine specialists, still find themselves coming to  
18 chiropractic, which has been maintained in the face of the  
19 situation, which would indicate that we perform a service in  
20 the health field that is not being duplicated and the public  
21 is very much in need of that service.

22                   Actuarially, I am not able to assist the  
23 Commission in any way, I think, except to say that our  
24 experience as a profession has been satisfactory to the major  
25 health insurance companies in the North American Continent.



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1 We do accept cases on the same basis as a medical doctor,  
2 from the Workmen's Compensation Board who, apparently, are  
3 satisfied with the actuarial problem. And, as I understand  
4 it, we have had no problem with the commercial carriers in  
5 any way. That is the gist of my remarks.

6 THE CHAIRMAN: Thank you. Some of the members  
7 of the Enquiry have indicated a desire to ask you questions,  
8 sir. Dr. Galloway?

9 DR. GALLOWAY: Mr. Chairman, and sir: by the  
10 way, sir, I am not being facetious when I ask this question.  
11 I noted at the bottom that your initials are D.C., C.D.  
12 Could you please explain that?

13 MR. DUNN: The D.C. is Doctor of Chiropractic.  
14 I spent 20 years in the Canadian Army, which entitles me to  
15 have the C.D. behind my name. I commanded military regiments  
16 in this area, so I am entitled to have that.

17 DR. GALLOWAY: The brief which your main organi-  
18 zation has written is a tremendous brief, a very powerful one  
19 and, at your own request, we will try to refrain from asking  
20 general questions and only ask about the area here.

21 Roughly, how many chiropractors are there in  
22 this area?

23 MR. DUNN: There are 12 chiropractors practising  
24 here.

25 DR. GALLOWAY: In what way would it affect





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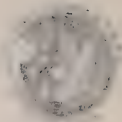


1 Bill 163, or whatever plan is proposed, if you were included  
2 under Schedule A in benefits? In other words, how many  
3 patients would the average chiropractor treat a day and what  
4 would be their overall cost per treatment?

5 MR. DUNN: In the presentation of the Royal  
6 Commission, I believe that the general average for a chiro-  
7 practor across Canada is something around 80 patients a  
8 week. The average fee being charged in Ontario is approxi-  
9 mately \$4 per treatment. In some cases, chronic cases, by  
10 the nature of the diagnostic procedure, the chiropractor  
11 will x-ray the case before accepting it, primarily because  
12 we do an architectural-type study, which necessitates the  
13 patient being x-rayed in a vertical alignment, with the  
14 technical factors of x-ray being known ahead of time, to  
15 avoid distortion; so that case would include x-ray, which  
16 would be a slight increase over the \$4.

17 DR. GALLOWAY: Are there any areas in which  
18 you have been treating indigents in this area, up to the  
19 present time?

20 MR. DUNN: No. The policy we have at the  
21 moment is that we treat them at no charge, because the  
22 Ontario Chiropractic Association has been making representa-  
23 tions to the Government, since the profession in other  
24 provinces does treat indigents without cost, but on the basis  
25 of that, they are excepted from a charge.



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1 DR. GALLOWAY: Does this represent any consi-  
2 derable amount of your practice?

3 MR. DUNN: No, I would say not.

4 DR. GALLOWAY: One out of 80?

5 MR. DUNN: I beg your pardon?

6 DR. GALLOWAY: Would it be one a week?

7 MR. DUNN: Yes, I would say. I find that  
8 people are embarrassed. A treatment in the office takes not  
9 less than 25 minutes, which means I am there a considerable  
10 number of hours a day, and the people who are coming at no  
11 cost come into the office and if there are patients in the  
12 office, they are somewhat embarrassed and won't come back.

13 DR. GALLOWAY: You spoke of the arrangements  
14 with the Workmen's Compensation Board and the referral  
15 directly to orthopaedic surgeons.

16 MR. DUNN: Yes.

17 DR. GALLOWAY: Are there any restrictions in  
18 this regard? You spoke as if you had to refer directly to  
19 some particular group.

20 MR. DUNN: No. The position is that we are  
21 privileged, as a medical doctor is, to accept the case. There  
22 is no differentiation between a medical doctor and a chiro-  
23 practor. We diagnose the case and if we consider it is a  
24 case which falls within the scope of our treatment, we will  
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1 Now, of course, treating an accident case is  
2 rather awkward because a spinal injury may be a simple,  
3 straightforward case; he may have had an acute back problem,  
4 which he does not disclose, because he is only interested in  
5 the accident. But, basically, after about two or three weeks  
6 it is possible to determine whether this case is going to be  
7 satisfactorily completed or not. The average compensation  
8 case will be completed in around 27 days. So at the end of  
9 three weeks, it would be a case - this man would not be paid,  
10 in other words. So, therefore, to avoid prolonging the case  
11 unnecessarily, the Compensation Board likes to have an ortho-  
12 paedic in. So, naturally, deferring to their wishes, we  
13 consult the orthopaedic surgeon long before it gets to that  
14 stage.

15 This is an area in which we can satisfactorily  
16 and happily get along with the medical profession, simply  
17 because there are Workmen's Compensation Board problems which  
18 require it.

19 DR. GALLOWAY: They require it?

20 MR. DUNN: If the case is going on ad infinitum,  
21 it is not an insurance-type case; it is not a mandatory thing,  
22 but you can continue this case for some time. I think the  
23 point I should make is that the case is not referred to a  
24 general practitioner; it would be referred to a specialist.

25 DR. GALLOWAY: The only other question that I



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DR. GALLOWAY: The only other question that I



1 have to ask is this: you commented on the fact that you were  
2 not encroaching on any other field of therapy.

3 MR. DUNN: Yes.

4 DR. GALLOWAY: Would you like to comment, in  
5 this regard, on the osteopaths and the medical manipulators  
6 and the podiatrists?

7 MR. DUNN: Yes. Taking the podiatrist: he,  
8 basically, as I have observed them operating in the city  
9 and talking to the younger men, tend to manipulate the feet,  
10 to some degree, and it is a localized manipulation and the  
11 tendency in podiatry is more towards physical correction, a  
12 field in which we do not establish ourselves - purely the  
13 manipulation of joints of the body; whereas, podiatry is a  
14 militant area to the feet and, as I see it, the modern,  
15 young doctor of podiatry seems to be going more for surgery  
16 and application of medication.

17 The osteopathic situation in the years I have  
18 been here, I see no evidence that there will be any more osteo-  
19 paths coming into the profession. There are very few at the  
20 moment and I do not know that their colleges are producing  
21 enough graduates to affect the situation. I may have made  
22 that statement too broad, but I probably had that impression  
23 in my mind when I wrote that. Medical  
24 manipulators - I believe in the city there is one medical  
25 doctor who will adjust his patients, but, generally speaking,



have to ask is this: you commented on the fact that you were  
not encroaching on any other field of therapy.

MR. DUNN:

DR. GALLOWAY: Would you like to comment, in  
this regard, on the osteopaths and the medical manipulators  
and the podiatrists?

MR. DUNN: Yes. Taking the podiatrists: no,

basically, as I have observed them operating in the city  
and talking to the younger men, tend to manipulate the feet,  
to some degree, and it is a localized manipulation and the  
tendency in podiatry is more towards physical correction, a  
field in which we do not establish ourselves - purely the  
manipulation of joints of the body; whereas, podiatry is a  
militant area to the feet and, as I see it, the modern  
young doctor of podiatry seems to be going more for surgery  
and application of medication.

The osteopathic situation in the years I have

been here, I see no evidence that there will be any more cases  
going coming into the profession. There are very few at the  
moment and I do not know that their colleges are producing  
enough graduates to affect the situation. I may have made  
that statement too broad, but I probably had that impression  
in my mind when I wrote that.

Medical

manipulators - I believe in the city there is one medical

doctor who will adjust his patients, but, generally speaking,





1 the medical men that I have personal acquaintance with are  
2 just worn out with the general work of a general practitioner  
3 and I know of no medical men who spend 15 or 20 minutes diag-  
4 nosing and manipulating patients. His case load is too heavy.  
5 I am sure when you hear the Windsor Medical presentation you  
6 will realize that the G.P. is in a terrible situation; the  
7 patient load is so heavy. So I cannot visualize any G.P.,  
8 unless he has just arrived in the area, attempting to do that.

9 DR. GALLOWAY: I have one more question and  
10 this was in relationship to insuring your service. I was not  
11 sure what was meant in the brief when you are commenting on  
12 Windsor Medical Services. Is it your opinion that Windsor  
13 Medical Services should insure your service and, if not, what  
14 way do you think your service should be insured, under Bill  
15 163?

16 MR. DUNN: No. I am not implying Windsor  
17 Medical would include us. On its present basis, it is a  
18 primarily medically-oriented group, including the union  
19 people who support Windsor Medical. I am not even represented  
20 on the Board, so I do not conceive of being in that plan.  
21 But I do say that Travelers' and Aetna are the two largest  
22 insurance corporations on the continent and they embrace the  
23 entire business of all the other companies who are in health,  
24 and accident is secondary to those two major groups. Those  
25 groups employ actuarial specialists and many have talent;



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1 inasmuch as it is satisfactory to them to include and pay for  
2 chiropractic claims, then actuarially it must be reasonable.  
3 The claims must be reasonable and acceptable, or these people  
4 would not include them in their insurance contracts. So, as I  
5 understand this Bill, the preamble that was given to me was  
6 that the standard schedule would be arrived at and available  
7 to the public through existing carriers.

8 So, therefore, Travelers' and Aetna, they  
9 are existing carriers; they are the largest on the continent.  
10 They do provide chiropractic. They are satisfied actuarially  
11 and I think that beyond that I can't go because I am a doctor.  
12 I am not an insurance man. I just do not understand the  
13 mechanics of the insurance field.

14 THE CHAIRMAN: Mr. Whitney?

15 MR. WHITNEY: I do not think I have any ques-  
16 tions, Mr. Chairman. I did have some but they have been  
17 nicely covered by Mr. Dunn.

18 THE CHAIRMAN: Mrs. Aylen?

19 MRS. AYLEN: I think it has been established  
20 that you treat arthritic patients quite frequently?

21 MR. DUNN: Yes.

22 MRS. AYLEN: Does this treatment occur  
23 constantly or is it just when the patient is in extreme  
24 distress?

25 MR. DUNN: Well, I would have to divide your





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22 MRS. AYLEN: Does this treatment occur  
23 constantly or is it just when the patient is in extreme  
24 distress?  
25 MR. DUNN: Well, I would have to divide your



1 question into two parts. Basically, we are dealing with men  
2 and women. Taking the men in the industrial field, a large  
3 group of men in this area that are suffering from the worst  
4 situation are the men in this field who have been employed  
5 in factories and are now in the 45-55 age bracket and they  
6 arrive because of the pain problem. These are not Workmen's  
7 Compensation cases. These are men working on the assembly  
8 line, doing repeated operations which require a certain amount  
9 of bending and it is quite easy to determine the arthritis in  
10 this case is fairly extensive and probably extended 15 or 20  
11 years, indicating that they had a long back-pain history.

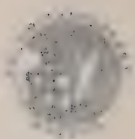
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13 which you see in the non-industrial occupations. But I would  
14 say the pain brings the people into the office and when the  
15 pain disappears, so does the patient. Primarily, it is  
16 economic.

17                   MRS. AYLEN: Well, then, the second question is:  
18 have you got a breakdown of the average number of visits per  
19 patient per year?

20                   MR. DUNN: How was that arrived at?

21                   MRS. AYLEN: Have you got a figure on the  
22 average number of visits per patient per year?

23                   MR. DUNN: Can I answer that by saying that an  
24 independent group have been employed to study back cases and  
25 they arrived at this figure of \$27. We can furnish the



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MRS. ALLEN: Well, then, the second question is: have you got a breakdown of the average number of visits per patient per year?

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1 Commission with that report. This was done by an independent  
2 study group and they took 5,000 cases and broke them down.  
3 This is rather a difficult thing to answer.

4 MRS. AYLEN: I was just interested in that.

5 MR. DUNN: You mean in my own practice how many  
6 times do I see a patient in a given year?

7 MRS. AYLEN: As I understand it, the treatment  
8 is palliative and agreeable?

9 MR. DUNN: No.

10 MRS. AYLEN: And the patient enjoys it and  
11 they get relief? I would like to know how often each one of  
12 them comes per year.

13 MR. DUNN: No, it is not palliative. Chiro-  
14 practic is a system; actually, it may cure a specific problem.  
15 If you have a headache and the headache is caused through the  
16 fact that you have been scrubbing the walls in your home and  
17 inadvertently caused muscular contraction in an area of the  
18 vertical thoracic spine to cause sufficient neurological  
19 involvement to give you a headache, you probably have four or  
20 five treatments and if you diagnose the case correctly, it  
21 will disappear.

22 I would not expect to see that patient back  
23 until they fell down the stairs in the Fall.

4 24 MRS. AYLEN: I may have used the word in the  
25 wrong sense. I am sorry.

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1 MR. DUNN: But the chronic cases with 20 years'  
2 history might be in the office as high as about 25 times a  
3 year; perhaps a month's intensive treatment and then a treat-  
4 ment a month thereafter.

5 THE CHAIRMAN: Thank you. Mr. Mulrooney?

6 MR. MULROONEY: I think all the questions I  
7 had have been answered.

8 THE CHAIRMAN: Mr. Major?

9 MR. MAJOR: Mr. Dunn, is it possible - and I  
10 am trying to get some education on this now - is it possible  
11 for you to resolve a high fever?

12 MR. DUNN: My personal answer to that - and I  
13 can't speak for my colleagues - generally speaking, under the  
14 law, I am required to refuse to treat infectious disease.  
15 Infectious disease will be - the promontory symptom will be  
16 high fever. So if we have a patient comes in with a high  
17 fever, 102 or 103, first it is unlikely that he will arrive  
18 in my office; but people who are dedicated patients will  
19 arrive in certain conditions and if I think it is a cold or  
20 a condition of a minor nature, I will accept the patient and,  
21 yes, the cases do resolve very rapidly.

22 It appears to be a question of time. If the  
23 feeling has gone past a certain point to where the symptom  
24 picture is beginning to emerge, then the answer is no.

25 MR. MAJOR: In other words, you use judgment and





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MR. MAJOR: To other words, you use judgment and



1 discretion on the acceptance of a patient in respect to his  
2 systematic condition?

3 MR. DUNN: Yes. It is a question of attempting  
4 to diagnose a case quickly to ascertain has it gone beyond  
5 a point where it (a) can be helped, and, (b) should be turned  
6 over to a general practitioner for antibiotic treatment.

7 MR. MAJOR: Do you have in your office a  
8 routine for this reference? In other words, do you ask a  
9 patient, "Have you a family physician?" and, if so, "Go and  
10 see that physician."? Or, would you recommend a particular  
11 physician?

12 THE CHAIRMAN: If I might interrupt, I believe  
13 that question can only be answered on an individual practi-  
14 tioner's situation, rather than generally. It would hardly be  
15 in order.

16 MR. MAJOR: I will withdraw the question. Let  
17 us look at it from another angle. From what you said a few  
18 minutes ago, you said that the average general practitioner's  
19 case load was so heavy that you doubt that he could take 20  
20 minutes. Do you mean this generally speaking on the average  
21 case? I think there are cases where the physician would take  
22 20 minutes or more.

23 MR. DUNN: I said for manipulation of a specific  
24 area.

25 MR. MAJOR: Yes. Did you intimate that the



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1 general practitioner can do this manipulation? Is he qualified?  
2 Has he been trained to do this?

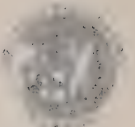
3 MR. DUNN: Yes.

4 MR. MAJOR: And the fact that he does not do it  
5 is just because he doesn't have the overall time to do it?

6 MR. DUNN: My feeling of general practitioners  
7 ranges among the group of men that I am personally acquainted  
8 with and in the orthopaedic world that I am acquainted with  
9 and the observations of my colleagues across the province  
10 from time to time. But in this specific area, with the  
11 Windsor Medical plan, as I have said, most medical doctors,  
12 when their offices are open, are extremely busy men. The  
13 field of the general practitioner is so extensive, the type  
14 of cases he is doing would run the gamut and even with the  
15 referral to a specialist, I still feel that the load of the  
16 general practitioner does not permit him to spend a large  
17 amount of time with the patient, unless it is necessary to  
18 diagnose the patient to come to his logical conclusions.  
19 But I do not think that the average general practitioner will  
20 divert from his conventional approach to manipulating.

21 The medical doctor's approach is therapeutic.  
22 He might instruct his nurse to use a massage; he might even  
23 refer the case to physiotherapy; but I doubt very much, on  
24 the basis of personal examination, that he will manipulate.

25 Secondly, in the standard medical course the



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1 doctor is not involved in the theory of practice of chiro-  
2 practic, nor is he taught the treatment as a chiropractor is  
3 taught. We have established a working relationship with the  
4 University of Toronto, through our College and through our  
5 students who have been in and fraternized through the facul-  
6 ties and we know from this that the coming medical doctors  
7 are certainly not primarily interested in manipulation.

8 I am not speaking of the orthopaedic specialist,  
9 of course.

10 MR. MAJOR: This fraternization is unofficial?

11 MR. DUNN: No. The University of Toronto  
12 journal recently asked the Dean of our College to write the  
13 lead article for the University of Toronto medical journal  
14 on subluxation, which was discovered by him.

15 MR. MAJOR: The other question is this: you  
16 have stated that you refer a case and it may be to Workmen's  
17 Compensation, and I take it that accordingly any case that  
18 you had in your office that appeared to you to be beyond the  
19 limits of your profession, in orthopaedics you would refer  
20 this to an orthopaedic specialist? Is this a one-way street,  
21 or does the orthopaedic specialist sometimes refer a case to  
22 you?

23 MR. DUNN: That is a difficult point to answer.  
24 Yes and no. When I refer a case to an orthopaedic specialist,  
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1 that what I am doing and my diagnosis - I may have missed  
2 something. No doctor is infallible, and, therefore, in many  
3 cases I will refer to the specialist who will have x-rays  
4 taken medically, which are different from the set I have  
5 taken, a different technical approach. It may be lying and  
6 I did mine standing, but we will then get the services of a  
7 radiologist, whose opinion will differ from mine, and he will  
8 cover more area of involvement and the orthopaedic surgeon,  
9 having seen the x-rays, will arrive at the opinion that this  
10 should not go to operation and may then suggest that the  
11 patient come back to me or may go to a doctor of physical  
12 medicine, which is a different phase of the treatment.

13               Generally speaking, my relations in this  
14 respect are quite good; that is, if the doctor of physical  
15 medicine has not been seen before the patient came to me,  
16 before I referred him to the orthopaedic man.

17               MR. MAJOR: Thank you.

18               DR. HAMILTON: I was not quite clear what you  
19 mean by an association between the Chiropractic College and  
20 the University of Toronto. Can you tell me?

21               MR. DUNN: Yes. I am trying to. I do not  
22 speak of association as a formalized written constitution.  
23 I am saying that there is a rapid form of it developing.

24               DR. HAMILTON: On what do you base this?

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1 University of Toronto journal would invite the Dean of the  
2 Chiropractic College to write an article on subluxation,  
3 that certainly is done with the approval of the university.

4 DR. HAMILTON: Do you know what journal?

5 THE CHAIRMAN: I think it is fair for you to  
6 know that Dr. Hamilton is Dean of the Faculty of Medicine  
7 of the University of Toronto.

8 MR. DUNN: I would be glad to supply copies  
9 of that.

10 DR. HAMILTON: No. What journal?

11 MR. DUNN: It is sitting in my office at the  
12 moment. It is the University of Toronto.

13 DR. HAMILTON: The Undergraduate Medical  
14 Journal?

15 MR. DUNN: No, I do not think it is.

16 DR. HAMILTON: That is the only medical journal..

17 MR. DUNN: As I say, sir, I will be glad to  
18 supply you with a copy of it.

19 DR. HAMILTON: ...that has the University of  
20 Toronto's name on it and your assumption is based on the fact  
21 that a member of the Chiropractic College was asked to submit  
22 an article?

23 MR. DUNN: The Dean, yes.

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3 to you, sir.

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5 other medical journal of the University of Toronto other than  
6 the one that is operated by the undergraduates who collect  
7 articles.

8 MR. DUNN: I can only supply a copy of it.

9 DR. HAMILTON: Yes. I have a copy. Thank  
10 you.

11 MR. COULTER: You say there are twelve prac-  
12 tising chiropractors. This is in Essex County?

13 MR. DUNN: Yes.

14 MR. COULTER: And roughly 80 patients a week?

15 MR. DUNN: Yes.

16 MR. COULTER: This would mean roughly a  
17 thousand patients a week?

18 MR. DUNN: That is correct.

19 MR. COULTER: Thank you very much.

20 DR. BUTT: Mr. Dunn, you mentioned two  
21 insurance companies, I believe, by name. Do you know on  
22 what basis you are paid by them? Can you give me the details  
23 of that?

24 MR. DUNN: No, sir.

25 DR. BUTT: Do they pay you the whole payment?





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MR. COULTER: You say there are twelve prac-  
tising chiropractors. This is in Essex County?  
MR. DUNN: Yes.  
MR. COULTER: And roughly 80 patients a week?  
MR. DUNN: Yes.  
MR. COULTER: This would mean roughly a  
thousand patients a week?  
MR. DUNN: That is correct.  
MR. COULTER: Thank you very much.  
DR. BUTT: Mr. Dunn, you mentioned two  
insurance companies, I believe, by name. Do you know on  
what basis you are paid by them? Can you give me the details  
of that?  
DR. BUTT: Do they pay you the whole payment?



1 MR. DUNN: No, I can't; except that I can quote  
2 you...

3 DR. BUTT: To be more specific, what is your  
4 relationship with these two companies?

5 MR. DUNN: I can quote you a special bulletin  
6 I have just received:

7 "Effective September 1st, 1963, for new  
8 plans, and January 1st, 1964, for most  
9 existing plans, the group division of  
10 Aetna Life Affiliated Companies will  
11 recognize chiropractors under major  
12 medical and comprehensive medical  
13 insurance plans. Heretofore, Aetna has  
14 recognized chiropractors only under  
15 their basic plan."

16 Travelers' is the same.

17 DR. BUTT: To be more specific, have you had  
18 any relationship with that situation?

19 MR. DUNN: The situation here is that the  
20 254,000 residents of this city belong to the Windsor Medical  
21 plan; it would be practically impossible for Travelers' to  
22 sell insurance in this area. Might I add London Life Insurance  
23 Company of Canada writes chiropractic and medical insurance  
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25 indemnity sickness plan. That is to say, a man is sick and he



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1 gets paid by London Life to stay off work on a doctor's  
2 certificate, which I am entitled to write. He would be paid  
3 his weekly salary by London Life, but as far as they know he  
4 is getting his medical service from Windsor Medical.

5 DR. BUTT: Have you had any relationship with  
6 these insurance carriers at all?

7 MR. DUNN: Yes; with Travelers'.

8 DR. BUTT: In what way do they pay you?

9 MR. DUNN: I get paid by a cheque monthly.

10 DR. BUTT: By a cheque directly from them?

11 MR. DUNN: Yes.

12 DR. BUTT: For the full payment?

13 MR. DUNN: Yes.

14 DR. BUTT: And it does not go to the patient,  
15 or anything like that?

16 MR. DUNN: No. The C.M.A. form is signed and  
17 the cheques go in to them or to me.

18 MR. NAYLOR: I do not think it is fair that  
19 Aetna or Travelers' or London Life should get all the free  
20 advertising.

21 MR. DUNN: I wished to point out the major  
22 ones.

23 MR. NAYLOR: That is a general practice among  
24 the insurance companies, to pay benefits for chiropractic  
25 treatment under both basic plans which cover general medical



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1 expenses and major medical?

2 MR. DUNN: Yes. I might say, sir, that I said  
3 at the outset I was not trying to represent the Association  
4 and I am in deep water because I am not competent to comment  
5 on these insurance things, other than to make the major points  
6 I had intended.

7 THE CHAIRMAN: I believe, if I understood you  
8 correctly, that you said that there is a strong demand from  
9 the union for services of chiropractors to be included in the  
10 Windsor Medical Service?

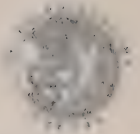
11 MR. DUNN: Yes.

12 THE CHAIRMAN: What do you use as the basis for  
13 your judgment on that?

14 MR. DUNN: This is probably one of the most  
15 unionized cities in the country and my relations with the  
16 chairmen of the three major unions which cover the city are  
17 excellent. I visit them twice a week. The Chrysler Corpora-  
18 tion of Canada, Ford Motor Company, and Local 195, which  
19 covers all the small plants in the city.

20 A week ago I visited them and showed them a  
21 copy of the brief and I intimated the position in which I  
22 was going to state the case, but they still wished to have  
23 this included in their contract, and I asked them did this  
24 differ from their present stand and they assured me that  
25 their stand is exactly the same.





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1                   And in this area we have the headquarters of  
2 Local 26, I think it is, which covers the U.A.W. all over  
3 Ontario and there is a minute in the proceedings of that  
4 council which instructs union officers to try to incorporate  
5 chiropractic in union-management contracts across Ontario,  
6 wherever U.A.W. is in bargaining sessions.

7                   One of the officers asked me if I wished to  
8 have formalized statements to that effect that I had stated  
9 the position, asking to be included in the chiropractic  
10 schedule, and I said no, I did not think it was necessary  
11 and that if it was I would do it.

12                   MR. SIMON: Does your Association ever make an  
13 attempt to get recognition under The Medical Act?

14                   MR. DUNN: You mean in Ontario?

15                   MR. SIMON: Yes.

16                   MR. DUNN: No. I am afraid I am not suffi-  
17 ciently high enough echelon to answer that. You can ask the  
18 Secretary of the Ontario Chiropractic Association in Toronto.

19                   THE CHAIRMAN: Are there any further questions?

20                   Thank you, sir.

21                   Are there representatives here from the Windsor  
22 Chamber of Commerce?

23                   

24                   

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/dpw

SUBMISSION OF THE WINDSOR CHAMBER OF COMMERCE

Appearance: Charles V. Gordon

THE CHAIRMAN: Were you here when we opened this morning?

MR. GORDON: No, sir; I just came.

THE CHAIRMAN: Well, I will read to you the instructions, then, that we read at that time to those presenting briefs, and then you can use your own discretion as to whether you wish your committee members to join you.

Members of the Enquiry have received and studied the brief you submitted. In accordance with the guide for participation in hearings that was mailed to you, it will not be necessary for you to read your brief, but you do have an opportunity to emphasize or enlarge upon its conclusions or recommendations.

Members of the Enquiry may ask you questions on the statements or recommendations submitted in your brief, but you are not to be subjected to examination or cross-examination by other persons.

It is not our intention to debate your suggestions or recommendations, nor to state the views of this Enquiry on them. Consequently, any opinions expressed in questions asked or statements made by members of the Enquiry are intended for clarification only.

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1 act as your spokesman. However, if the spokesman feels that  
2 another member is better qualified to answer a specific ques-  
3 tion from a member of the Enquiry, the spokesman may receive  
4 the Chair's permission to request the other member to answer.

5 So that if you have other members of your  
6 committee who you wish to join you there in case you do wish  
7 to ask them to answer, you may do so.

8 MR. GORDON: Thank you very much. Mr. Chairman  
9 and ladies and gentlemen: you will notice that this is a very  
10 short brief, because we thought that we would deal in generali-  
11 ties, rather than in specifics. Now, I don't think that there  
12 is any need for emphasizing anything. You can see generally  
13 we are in agreement with Bill 163.

14 However, there are two specific recommendations  
15 that we make. One, of course, is that because of experience  
16 in other localities where there has been this type of legis-  
17 lation, not as drastic as this, possibly -- I should put it  
18 the other way: more drastic legislation than this, there has  
19 been a trend to downgrade the profession, which I am sure, of  
20 course, you don't want to do.

21 The other recommendation is to put the  
22 merchant, and the professional man, and the small businessman,  
23 and the individual, on the same basis as the employee of the  
24 larger companies, where, more so probably in Windsor than in  
25 any other location, the employer pays the full cost of a lot





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larger companies, where, more so probably in Windsor than in  
any other locality, the employee is in a better position



1 of fringe benefits, and if this was implemented it would put  
2 everyone on a much fairer basis.

3 THE CHAIRMAN: Thank you. Some of the members  
4 of the Enquiry have indicated the desire to ask you questions.

5 Dr. Butt, have you a question?

6 DR. BUTT: Well, to pursue your last statement  
7 a little further, you feel that this would give the individual  
8 a greater stimulus to buy the insurance? In other words, if  
9 the premium was a deductible item as an expense, and I  
10 realize that this probably comes under a federal-provincial  
11 agreement, or something of this nature, but is this specifi-  
12 cally, or can you elaborate?

13 MR. GORDON: We didn't have that in mind. We  
14 were thinking of just being fair, but I suppose that to a  
15 certain extent it would stimulate purchase of this insurance,  
16 although I don't think that this, by itself, would decide a  
17 person whether or not he should buy the insurance or not.

18 I think that he should get it for protection.

19 DR. BUTT: Have you any specific suggestion  
20 as to how we could implement this?

21 MR. GORDON: Well, it would be, of course,  
22 as you point out, a federal matter, and in your discussions  
23 with the federal authorities, the tax authorities, I would  
24 think that you could ask them to include it as a deductible  
25 item from gross income.



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1 MR. WHITNEY: In the same way that it is under  
2 groups; that is what you mean?

3 MR. GORDON: Well, with a group it is deductible,  
4 like, from gross income for the employer, that is correct,  
5 and then, it isn't reported as income by the employer to the  
6 Federal Government for the employee. He gets this as a tax-  
7 free benefit, and the employer gets the benefit of this  
8 expense against his tax liability.

9 THE CHAIRMAN: Thank you. Dr. Butt, did you  
10 have anything further?

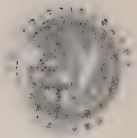
11 DR. BUTT: No.

12 THE CHAIRMAN: Mr. Simon?

13 MR. SIMON: Well, in line with this, Mr.  
14 Gordon, would you agree that the employee who is also paying  
15 his full share to the developer, should also have that part  
16 tax-free?

17 MR. GORDON: That's what we mean by it is a  
18 deduction from gross income for income tax purposes, the  
19 premium, or part of the premium paid by the individual.  
20 That is, if the employer deducts that from the employee, he  
21 could have it as a deductible item. If the employer deducts  
22 half of the cost, the half cost that the employee is paying  
23 through payroll deductions should be allowed as a deductible  
24 item.

25 That is the thought.



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1 MR. SIMON: Mr. Chairman, my second question  
2 is, I wonder if your organization have any figures  
3 with regards to the proportion of the population covered by  
4 plans in this area, in proportion with the rest of the  
5 province?

6 MR. GORDON: It is almost 100%. The larger  
7 employers have practically 100% free Windsor Medical and  
8 Onatrio Hospital for their employees. We are unique in that  
9 respect, I believe.

10 MR. SIMON: My third question is - and it  
11 was partially answered by Mr. Gordon - of course, not to my  
12 satisfaction. I wanted to know (a) with regards to doctors'  
13 treatment, and so on, you made a general statement. I would  
14 like you to elaborate more on that.

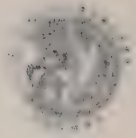
15 Where, and in what part of Canada, are doctors  
16 being mistreated, in the line of what you say?

17 MR. GORDON: Well, as I told you, this is a  
18 general statement. It is a general brief, but I believe  
19 that it has been shown to a certain extent that in Britain,  
20 when Britain first started socialized medicine, and this is  
21 apparently an answer to socialized medicine -- also in  
22 Saskatchewan, that there was quite a bit of chaos.

23 I don't pretend to be an expert now, and we did  
24 not research this, but this is a general impression that I  
25 believe pretty well everyone has.

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1 THE CHAIRMAN: Does that complete your ques-  
2 tioning, Mr. Simon? Mr. Naylor?

3 MR. NAYLOR: No, I have no questions.

4 THE CHAIRMAN: Miss Carpenter?

5 MISS CARPENTER: No, I have none.

6 THE CHAIRMAN: Do any other members of the  
7 Enquiry have any questions?

8 MR. MAJOR: Mr. Gordon, would you think it  
9 would be within the references of this Enquiry to recommend  
10 to the Provincial Government that it take this matter up in  
11 respect to the income tax on the self-paying man? Do you  
12 think this would be within our references?

13 MR. GORDON: If you want a personal opinion,  
14 and that's all I can give you, I would believe so. That would  
15 be correct.

16 THE CHAIRMAN: Thank you very much, Mr. Gordon.  
17 Are there any further questions?  
18 That completes our hearing scheduled for this  
19 morning, ladies and gentlemen.

20 I would like to meet with the members of the  
21 Enquiry for a few minutes before we adjourn.

22  
23 --- Whereupon the hearing was adjourned at 11:45 a.m. on  
24 Tuesday, December 3, 1963, until 10:00 a.m. on Wednesday,  
25 December 4th, 1963.





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